PATENT APPLICAT

FEE DETERMINATION RECORD

ve December 8, 2004

10/537940

ı		CLAIM	S AS FILE	D - PART	1								
			(Co	(Column 1)		(Column 2)		SMALL I	ENTITY	i (OR		ER THAN
U.S. NATIONAL STAGE FEES			S					RATE	FE		ı		
В.	ASIC FEE		SMALL	SMALL ENT. = \$ 150		LARGE ENT. = \$ 300		BASIC FEE				RATE	
E	CAMINATION	FEE	Satisfies PC	Satisfies PCT Article 33(1)-		All other situations =		<u> </u>		ا ′	OR	BASIC FEE	30
SF	ARCH FEE	·	U.S. is ISA	(4) = \$50 / \$ 100 U.S. is ISA = \$50 / \$ 100 ALL other countries = \$200 / \$400		\$ 100 / \$ 200	4	EXAM. FEE			L	EXAM. FEE	20
L			ALL other \$ 200			All other situations = \$ 250 / \$ 500		SEARCH FE	E			SEARCH FE	E 40
FE	E FOR EXTR	A SPEC. PGS.	n	ninus 100 =		/ 50 =	1	X \$ 125		\dashv	1	· ·	
то	TAL CHARG	EABLE CLAIMS	31	minus 20 =		. //		 		4	-	X \$ 250	=
INE	DEPENDENT	CLAIMS	1	minus 3 =				X \$ 25 =		°	R	X \$ 50 =	
MU	LTIPLE DEPI	ENDENT CLAIM P	DECENIT 7		<u>*</u>			X \$ 100 =		01	R	X \$ 200 :	= 20
_		ice in column 1 is						+ \$ 180 =	: , _	OF	٦	+ \$ 360 =	
•	and directed	s less than ze	ero, enter "0"	' in c	1 column 2		TOTAL		OF	₹ -	TOTAL	+	
		CLAIMS AS	AMENDE	D - PART	11	,							·
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	FNTITY	OR	.		R THAN
NT A		CLAIMS REMAINING	HIGHES NUMBE			ST /			ADDI-	7	`_	SMALL	ENTITY
		AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	TIONAL	.		RATE	ADDI- TIONAL
DME	Total	*	Minus	**		· · · · · · · · · · · · · · · · · · ·	ŀ	V 6 05	FEE	4	L		FEE
AMENDMENT	Independent	*	Minus	***			-	X \$ 25 =	ļ	OR	Ľ	X \$ 50 =	
AM	FIRST PRE	RST PRESENTATION OF MULTIPLE DEPENDENT		SENDEN E. C.			L	X \$ 100 =		OR	LX	\$ 200 =	
			OLTIPLE DEF	PENDENT CL	AIM		L	+ \$ 180 =		OR	+	\$ 360 =	
							7	OTAL ADDIT. FEE		OR	TO	TAL ADDIT. FEE	
	٠,	(Column 1)		(Column	2)	(Column a)				-		, ,	
1		CLAIMS REMAINING	CLAIMS HIGHEST						400	7 1			
	·	AFTER AMENDMENT	·	PREVIOUS PAID FOR	LY	PRESENT EXTRA		RATE	ADDI- TIONAL			RATE	ADDI- TIONAL
	otal .		Minus	**	-		F	· · · · ·	FEE			· .	FEE
	ndependent	 	Minus	***			\vdash	X \$ 25 =		OR	X	\$ 50 =	
┢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					1	< \$ 100 =		OR	X \$	200 =		
1		- MUNICIPAL	THPLE DEPE	NDENT CLA	M			\$ 180 =		OR	+ \$	360 =	
							TO	TAL ADDIT. FEE		OR		AL ADDIT. FEE	
								_				ree [

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.